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EXAMINER

COBANOGLU, DILEK B

ART UNIT	PAPER NUMBER
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3626

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07/26/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

10/070,981

Applicant(s)

SCHWARTZ ET AL.

Examiner

Dilek B. Cobanoglu

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 04 May 2007.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 22,25-31,33,35,37-43 and 46-54 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☐ Claim(s) _____ is/are rejected.
- 7) ☒ Claim(s) 22,25-31,33,35,37-43 and 46-54 is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date 03/08/02, 02/10/04.
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____.
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____.

DETAILED ACTION

1. This communication is in response to the Request for Continued Examination (RCE) filed on 05/04/2007. Claims 23-24, 32, 34, 36, 44-45 have been canceled; claims 51-54 have been newly added. Claims 22, 25-31, 33, 35, 37-43, 46-54 are pending.

Specification

2. The amendment filed 05/04/2007 is objected to under 35 U.S.C. 132(a) because it introduces new matter into the disclosure. 35 U.S.C. 132(a) states that no amendment shall introduce new matter into the disclosure of the invention. The added material which is not supported by the original disclosure is as follows:

A. Claim 22 recites "a graphical user interface **consisting of** first, second and third data entry screens". Examiner respectfully submits that the specification indicates "a graphical user interface **includes** a first screen for entry of summary patient information, a second screen for entry of history and physical examination information, and a third screen for entry of order information" in page 3, lines 4-9, lines 21-24. The Examiner understands this claim language to mean "having at least".

A. Claim 27 recites "graphically depicting patient's family medical history using the genogramatical data from the data repository". Examiner not able to find graphically depicting patient's family medical history anywhere in the specification.

Applicant is required to cancel the new matter in the reply to this Office Action.

Claim Rejections - 35 USC § 112

3. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter, which the applicant regards as his invention.

4. Claims 22, 25 and 28 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

A. Claim 22 is a system claim, but it does not contain the parts of a system, it contains a graphical user interface, which is consisting of three screens. It's not clear if the Applicant wanted to claim a computer system, software to operate the computer system or first, second and third data entry screens. Claim 25-27 is rejected because of the dependency.

Claim Rejections - 35 USC § 101

5. 35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

6. Claim 22 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

A. Claim 22 discloses a system comprising a graphical user interface, and first, second and third screens. The claimed invention is non-statutory because it is not any new and useful process, machine, manufacture, or composition of matter or any new and useful improvement. The screens represent a display on a

computer and the user may put data in it. The system claim should contain the components of the system such as hardware structure.

Claim Rejections - 35 USC § 103

7. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

8. Claims 22, 25-27, 35, 37-40, 43, 46-51 rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al (hereinafter Lavin) (U.S. Patent No. 5,772,585) in view of Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259).

NOTE: The following rejections assume that the subject matter added in 05/04/2007 amendment are NOT new matter, and are provided hereinbelow for Applicant's consideration, on the condition that Applicant properly traverse the new matter objections and rejections made in section 2 above in the next communication sent in response to the present Office Action.

A. Claim 22 has been amended now to disclose a computer implemented medical record system, comprising:

- i. a graphical user interface consisting of first, second and third data entry screens for documenting a patient encounter and for inputting data into a patient chart stored in the medical record system, wherein the three data entry screens are organized into a subjective, objective, assessment,

and plan (SOAP) format (Lavin; col. 1, line 66 to col. 2, line 17, col. 5, lines 48-56), the graphical user interface further consisting of a reason for visit (or chief complaint) data entry field for receiving a selection of a patient's primary reason for visiting a medical service provider operating the medical record, system (Lavin; col. 8, lines 39-58, Figure 12, item 138):

ii. the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient complaint, patient allergies, patient medications, and patient problem data (Lavin; col. 6, lines 8-17, col. 7, lines 47 to col. 8, lines 8, col. 8, lines 9-58, Figures 11-12);

iii. the second screen being operative to accept data input relating to patient history and physical examination data (Lavin; col. 8, lines 38-58, Figure 12), wherein the selection received in the reason for visit data entry field automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system; and

iv. the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data (Lavin; col. 2, lines 52-64, col. 9, lines 41-57).

- Lavin fails to expressly teach the selection received in the reason for visit data entry field automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system.

However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the selection received in the reason for visit data entry field automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system. (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

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B. Claim 25 has been amended now to disclose the system of claim 22, further comprising a carepath module linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart, the carepath module also determining that additional data entry is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data.

- Lavin fails to expressly teach a carepath module linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart, the carepath module also determining that additional data entry is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data. However, this feature is well known in the art, as evidenced by Campbell. In particular, Campbell discloses a carepath module linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart, the carepath module also determining that additional data entry is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data. (Campbell;

abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

C. Claim 26 has been amended now to disclose the system of claim 22, wherein the graphical user interface further includes a plurality of picklists coupled to the selected visit outline for entering data into the medical record system (Lavin; col. 13, line 60 to col. 14, line 11, and Figure 19), the picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical service provider.

- Lavin fails to expressly teach picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical service provider. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical

service provider. (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

D. Claim 27 has been amended now to disclose the system of claim 22, further comprising a data repository including genogramatical data, the graphical user interface communicating with the data repository and graphically depicting patient's family medical history using the genogramatical data from the data repository (Lavin; col. 7, line 62 to col. 8, line 8, Figures 10-11).

E. Claim 28 has been amended now to disclose a computer implemented medical record system comprising a graphical user interface and an automated carepath module for receiving medical treatment data by a user of the system (Lavin; abstract, col. 1, line 66 to col. 2, line 5, lines 39-42, and col. 2, lines 52-64) and for suggesting a particular medical treatment for a patient in response to the medical treatment data, the carepath module determining that additional medical treatment data is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system for additional relevant medical data.

- Lavin fails to expressly teach a carepath module and for suggesting a particular medical treatment for a patient in response to the medical treatment data, the carepath module determining that additional medical treatment data is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system for additional relevant medical data. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses a carepath module and for suggesting a particular medical treatment for a patient in response to the medical treatment data, the carepath module determining that additional medical treatment data is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system for additional relevant medical data (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18, and col. 17, lines 46-60).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

F. Claim 29 has been amended now to disclose the system of claim 28, wherein the graphical user interface consists of first, second and third data entry screens organized into a subjective, objective, assessment, and plan (SOAP) format;

- i. the first data entry screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient complaint, patient allergies, patient medications, and patient problem data (Lavin; col. 6, lines 8-17, col. 7, lines 47 to col. 8, lines 8, col. 8, lines 9-58, Figures 11-12);
- ii. the second screen being operative to accept data input relating to patient history and physical examination data (Lavin; col. 8, lines 38-58, Figure 12); and
- iii. the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data (Lavin; col. 2, lines 52-64, col. 9, lines 41-57).

G. Claim 30 has been amended now to disclose the system of claim 29, further comprising a data entry field displayed in the graphical user interface for receiving a selection of a patient's primary reason (chief complaint) for visiting a medical service provider operating the system, wherein the selection received in the data entry field automatically selects one of a plurality of visit outlines each visit outline modifying a data input field in one of the first, second and third

screens when selected (Lavin; col. 8, lines 39-58, col. 12, lines 38-50, Figures 12 and 15 and 16A).

H. Claim 31 discloses the system of claim 30, wherein the system requires the user of the system to input data in a modified data input field (Lavin; col. 2, lines 13-17).

I. Claim 33 has been amended now to disclose the system of claim 28, further comprising a data repository including genogramatical data, the graphical user interface communicating with the data repository and graphically depicting the patient's family medical history using the genogramatical data from the data repository (Lavin; col. 7, line 62 to col. 8, line 8, Figures 10-11).

J. Claim 35 has been amended now to disclose a method of managing patient medical treatment data, comprising:

- i. Displaying a graphical user interface consisting of first, second and third data entry screens for documenting a patient encounter and for inputting data into a patient chart stored in a medical record system, wherein the three data entry screens are organized into a subjective, objective, assessment, and plan (SOAP) format (Lavin; col. 1, line 66 to col. 2, line 17, col. 5, lines 48-56);
- ii. accepting data in the first screen relating to summary data, the summary data including patient vital signs, patient complaint, patient allergies, patient medications, and patient problem data (Lavin; col. 6,

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lines 8-17, col. 7, lines 47 to col. 8, lines 8, col. 8, lines 9-58, Figures 11-12);

iii. accepting data in the second screen relating to patient history and physical examination data (Lavin; col. 8, lines 38-58, Figure 12), wherein the second screen is configured by a stored visit outline that is selected by the medical record system in response to the user selection of a particular reason for the patient's visit to a medical service provider operating the medical record system, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system; and

iv. accepting data in the third screen relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data (Lavin; col. 2, lines 52-64, col. 9, lines 41-57).

- Lavin fails to expressly teach the second screen is configured by a stored visit outline that is selected by the medical record system in response to the user selection of a particular reason for the patient's visit to a medical service provider operating the medical record system, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system.

However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses a stored visit outline that is selected by the medical record system in response to the user selection of a particular reason for the patient's visit to a medical service provider operating the medical record system, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system. (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18). It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

K. Claim 37 discloses the system of claim 22, further comprising a medication pop-up tool accessible from the third screen facilitating entry of medication orders (Lavin; col. 9, lines 41-57, col. 13, line 60 to col. 14, line 11).

L. Claim 38 discloses the system of claim 37, wherein the pop-up tool presents a list of available medications for selection by a user (Lavin; col. 9, lines 41-57, col. 13, line 60 to col. 14, line 11).

M. Claim 39 discloses the system of claim 38, wherein the pop-up tool enables the user of the system to record the history of a selected medication (Lavin; col. 9, lines 41-57, col. 13, line 60 to col. 14, line 11).

N. Claim 40 discloses the system of claim 38, wherein the pop-up tool prompts the user to input data for a new medication (Lavin; col. 14, lines 12-23).

O. Claim 43 has been amended now to disclose the system of claim 22, further comprising add-on notations that can be attached to any element of a visit outline displayed on the second screen to accommodate data entry regarding exceptional situations that are not specifically addressed in the visit outline (Lavin; col. 11, lines 17-35).

P. Claim 46 discloses the system of claim 37, further comprising a pop-up tool for data entry, the pop-up tool facilitating the annotation of a graphical image using text, drawing tools, or both (Lavin; col. 9, lines 58-60, col. 11, lines 17-29).

Q. As per claim 47, Lavin discloses the system of claim 37,

Lavin fails to expressly teach mark locations on a graphical image of a body system. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses mark locations on a graphical image of a body system (Campbell; col. 1, lines 50-60, col. 15, lines 56-64, col. 16 lines 4-12, fig. 7).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as

disclosed by Campbell with the motivation of recording medical observations in database file with each user click (Campbell; col. 16, lines 4-12).

R. Claims 48 and 50 repeat the same limitations of claim 47, therefore rejected for the same reasons given in the rejection of claim 47 above and incorporated hereinwith.

S. Claim 49 has been amended now to disclose the system of claim 22.

- Lavin fails to expressly teach the system dynamically modifies an on-screen presentation of the visit outline on the second screen in response to a user making a selection from a pre-defined set of choices contained in the outline. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the system dynamically modifies an on-screen presentation of the visit outline on the second screen in response to a user making a selection from a pre-defined set of choices contained in the outline (Campbell; abstract, col. 2, line 8, col. 2, lines 14-21, col. 14, lines 19-35).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make

observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

T. Newly added claim 51 discloses the medical record system of claim 22, wherein the three data entry screens are selected by three tabs located on a top portion of the user interface, and a plurality of data viewing screens are selected by a plurality of tabs located on a side portion of the graphical user interface (Lavin; col. 2, lines 39-51, col. 9, lines 58-65, Figures 14-15).

U. Newly added claim 52 discloses the medical record system of claim 22.

- Lavin fails to expressly teach the selected visit outline presented in the second screen includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type and/or format of the collected information. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the selected visit outline presented in the second screen includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type and/or format of the collected information (Campbell; abstract, col. 2, line 8, col. 2, lines 14-21, col. 14, lines 19-35).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

V. Newly added claim 53 discloses the system of claim 26, wherein the picklist choices are initially set to a normal condition (Lavin; col. 12, lines 38-64).

W. Newly added claim 54 discloses the system of claim 53, further comprising an all normal structure for selecting the normal condition for each choice presented through a picklist (Lavin; col. 12, lines 38-64).

9. Claims 41, 42 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al. (hereinafter Lavin) (U.S. Patent No. 5,772,585), Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259) and further in view of Ramsay et al. (hereinafter Ramsay) (U. S. Patent No. 5,915,971).

A. As per claim 41, Lavin discloses the system of claim 38.

Lavin fails to expressly teach a calculator tool to calculate medication dosage. However, this feature is well known in the art, as evidenced by Ramsay.

In particular, Ramsay discloses a calculator tool to calculate medication dosage (Ramsay; col. 2, lines 8-19, col. 3, lines 59-67, col. 6 lines 59-63, fig. 19).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Ramsay with the motivation of determining an appropriate drug dosage (Ramsay; col. 1, lines 65-66).

B. Claim 42 repeats the same limitations of claim 41, therefore rejected for the same reasons given in the rejection of claim 41 above and incorporated hereinwith.

Response to Arguments

10. Applicant's arguments filed 05/04/2007 have been fully considered but they are not persuasive. Applicant's arguments will be addressed below in the order in which they appear.

A. In response to Applicant's argument about Lavin does not teach "a graphical user interface **consisting of** the three data entry screens set forth in claim 1", Examiner respectfully submits that claim 1 has been cancelled, and Examiner considers that Applicant meant to refer to claim 22; and as explained above in the section entitled "specification" (part 2(A)) the specification indicates "a graphical user interface **includes** a first screen for entry of summary patient information, a second screen for entry of history and physical examination information, and a third screen for entry of order information" in page 3, lines 4-9, lines 21-24. The Examiner understands this claim language to mean "having at least". Lavin teaches "a graphical user interface, displayed on a computer display device, for use in storing and retrieving patient medical information held

in a database". The graphical interface consists of a main menu screen having a plurality of function buttons for selecting one of one of a predetermined number of patient medical information screens" in col. 2, lines 39-51 and figure 14-15.

B. In response to Applicant's argument about "an interface having six, seven or even eight or nine data entry screen cannot anticipate claim 1"; Examiner respectfully submits that claim 1 has been cancelled, and Examiner considers that Applicant meant to refer to claim 22. Lavin teaches "user interface screens" in col. 7, lines 47-61 and figures 10-11. Examiner also refers to MPEP section 2144.04.II. A. for elimination of a step or an element: In re Kuhle, 526 F.2d 553, 188 USPQ 7 (CCPA 1975) (deleting a prior art switch member and thereby eliminating its function was an obvious expedient).

C. In response to Applicant's argument about Lavin does not teach "a plurality of visit outlines" in claim 23; Examiner respectfully submits that claim 23 has been canceled. Claim 22 and some dependent claims recite "visit outline" and they are rejected over Lavin in view of Campbell.

D. In response to Applicant's argument about Lavin does not teach "tabs for data viewing only that are situated along a side portion of the graphical user interface"; Examiner respectfully submits that Lavin teaches "a graphical user interface, displayed on a computer display device, for use in storing and retrieving patient medical information held in a database" in col. 2, lines 39-51 and figure 14-15. The features such as "the three data entry screens are selected by three tabs located on a top portion of the user interface, and a plurality of data viewing

screens are selected by a plurality of tabs located on a side portion of the graphical user interface” are matters of obvious design choice within the realm of one skilled in the art. The Applicant’s specification included the following excerpts: “The tabs along the side of the graphical interface shown in Figure 4 are useful to view data in the patient chart. The tabs can include a Time Line tab 56, an Analysis tab 58, a Data Sheets tab 60, an All tab 62, a SOAP tab 64, a Labs tab 24, a Radiology tab 26, a Medications tab 66, and a Consults tab 28. These tabs similarly display a corresponding screen when selected. The corresponding screen can provide the medical care provider with a variety of information useful at different stages of the examination. The tabs are discussed in context as they would naturally be used by a medical care provider.” The benefit or functionality of having plurality of tabs on the side of the screen is not described in the specification. Lavin’s plurality of tabs behave and perform the same, therefore having some tabs on the side of the screen is a design choice.

E. The rest of the arguments have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

11. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used prior art teach Integrated disease information system 6108635 A, Method and apparatus for alerting patients and medical

personnel of emergency medical situations 5416695 A, Computer system and method for storing medical histories using a carrying size card 5659741 A, System and method for notifying users about information or events of an enterprise 6092102 A, Interpolative method and system for producing medical charts and monitoring and recording patient conditions 6081809 A, Computerized medical diagnostic and treatment advice system including network access 6022315 A, Expert system for providing interactive assistance in solving problems such as health care management 5517405 A, Computed medical file and chart system 5812983 A.

12. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

13. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

14. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

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USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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